| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 001131 | A. BUILDING: _____ B. WING _____ | C 03/15/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HUBBARD HILL ESTATES INC | 28070 CR 24 ELKHART, IN 46517 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Compliant IN00191666.<br><br>Complaint IN00191666-Unsubstantiated due to lack of evidence.<br><br>Survey date: March 15, 2016<br><br>Facility number: 001131<br>Provider number: 155754<br>AIM number: 200823940<br><br>Census bed type:<br>Residential: 102<br>Total: 102<br><br>Sample: 3<br><br>Hubbard Hill Estates Inc. was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00191666.<br><br>QR was completed by 99993 on 03/16/16. | R 000 | | |